MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF DRUG CONTROL POLICY

ACTION PLAN GUIDELINES

AUGUST 2006

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PREFACE

These Action Plan Guidelines (APG) are intended to reflect a systems approach which sets planning direction for a multi-year period. This is done with the understanding that in many cases, this is standard practice at the Coordinating Agency (CA). This is one of a number of steps to:

- Foster the development of an enhanced "continuum of care" which best and effectively meets the needs of clients.
- Remove, or facilitate the removal of, state barriers to best practice, quality outcomes and efficiency.
- Clarify the contractual obligations and requirements for the CA
- Foster collaboration and coordination across the community of substance abuse prevention and treatment stakeholders.

This APG reflects goals for the state substance abuse delivery system as administered by CAs, which are:

- A system that focuses on recovery from substance use disorders and prevention of problems related to use and abuse assuring appropriate, timely and easy access to the continuum of care.

- A prevention and treatment system that is responsive to the needs of local community stakeholders, including clients and their families, providers of health and human services, referral sources, and current and potential partners or collaborators.

- Administration of the system that:
  - Makes efficient use of funds that it administers and secures coordination of financial and other resources from other sources for the benefit of clients and target groups.
  - Assures the effectiveness of clinical, community and system services.
  - Emphasizes continuous quality improvement and accountability.
  - Maintains compliance with regulatory and contractual requirements.

- A regional system that is culturally competent, collaborative and coordinated.

INTRODUCTION

Section 6228(a) of the Public Health Code (P.A. 368 of 1978), as amended, requires a CA to develop a comprehensive plan for substance abuse treatment and rehabilitation services and prevention services consistent with the guidelines established by the state. This APG document provides these guidelines and the Action Plan (AP) submission by the CA serves to meet this requirement.

The enclosed materials contain state policy direction and plan submission requirements for CAs for the Fiscal Year (FY) beginning October 1, 2006. These APG requirements are intended to support multi-year systems development planning and are also expected to apply for FY2008 and FY2009. The approved CA Action Plan (AP) for the applicable fiscal year will be incorporated, by reference in the annual contract between the Department and CA.

Note that an annual submission by the CA will continue to be required. It is expected that the annual update will consist of a brief status report and updates or revisions for the applicable year.

This APG document expands the administrative requirements of the CA as well as strengthens expectations with regard to ongoing monitoring and assessment. It is recognized that this may increase the administrative burden of the CA at the same time that administrative expenditure limits are being proposed. ODCP will work with CAs to assure adequate capacity within limitations in administrative costs that may be required by appropriations boilerplate.

ODCP review of the CA action plan will be directed to compliance with planning requirements and to monitoring CA implementation over the planning period. The review will be conducted from a quality improvement perspective and to assure technical and fund source requirements are met. Additional information or modification to the CA submission may be required

TECHNICAL REQUIREMENTS

PLANNING PRINCIPLES AND REQUIREMENTS

The CA submission is generally expected to reflect the planning principles outlined below.

- That planning should be guided by the values of the system. These include inclusion of the voice of recipients of services and community stakeholders in decision-making; a strength-based services system which recognizes that prevention embodies community wellness and that substance use disorders are chronic health care disorders in which relapse can be expected and recovery is possible.

  Plan Review Criteria: The AP will be reviewed for evidence of participation by recipients and stakeholder, incorporation of recovery principles and prevention

services that promote individual, family and community health and contribute to reducing the related problems in communities.

- That planning should be data-driven. Planning processes are expected to reflect the use of local, factual information derived from credible sources to guide services planning. Service planning includes prevention and treatment-related activities and the administration of those activities.

  Plan Review Criteria: The AP will be reviewed for evidence of the analysis and use of local data in the plan submission.

- That services are performance driven, carried out by competent providers and reflect current knowledge regarding best practice. Prevention interventions must be selected and implemented through a process that is research based and incorporates consideration to the consequences of substance abuse.

  Plan Review Criteria: The AP will be reviewed for the selection of prevention services to be delivered, consideration to provider qualifications and the process used in developing the plan.

- That CA administrative processes encompass ongoing monitoring, assessment and adjustment on the basis of program performance considering both effectiveness and cost. Plans are expected to incorporate performance targets, outcomes and milestones against which to measure progress.

  Plan Review Criteria: The AP will be reviewed for identification of quality improvement mechanisms, milestones and performance indicators.

- Be responsive to local needs, interests and capacity in the context of state priorities and providing regional coverage in relation to need and priority. Prevention planning, in particular is expected to be collaborative in nature representing coordination of resources and activities with other primary prevention providers as well as community coalitions.

  Plan Review Criteria: The AP will be reviewed for identification of intra-catchment area need and priority as well as involvement of local partners.

- That planning should adequately consider cultural competence with outreach to populations of color and otherwise under-represented groups and targeted high risk populations.

  Plan Review Criteria: The AP will be reviewed for consideration to outreach and diversity in community stakeholder involvement, access to services and provider selection.

PUBLIC COMMENT AND COLLABORATION

Section 1941 of P.L. 102-321, as amended, requires ODCP to facilitate public comment during and after annual planning for prevention and treatment of substance abuse. This requirement is passed on to the CA. CAs must have processes in place that assure opportunity for public comment during planning and implementation of services. Furthermore, CAs must consider these comments as decisions are made.

Plan Submission Requirement: To meet this obligation, the CA must include in their submission:

1) a concise description of ongoing opportunities for public, service recipient and stakeholder comment
2) specification of how comments and other input is considered in the decision making process
3) an affirmative commitment to maintain ongoing opportunities and consideration to public, service recipient and stakeholder comment in the CA's decision making process throughout the three-year planning period

Plan Review Criteria: The Action Plan component will be reviewed to determine that the CA has adequate opportunities to receive comment and mechanisms to consider these in decision-making.

DUE DATE AND SUBMISSION FORMAT REQUIREMENTS

The AP must be transmitted electronically either as a single .pdf file or as Microsoft Word document with forms submitted as separate files attached to the e-mail transmission. This submission must be sent to Mary Fedewa at fedewaML@michigan.gov The AP must be completed and received electronically **by December 1, 2006**.

A transmittal letter from the CA director, with original signature, will be expected by regular mail no later than five business days after the electronic submission. The letter should verify that the Action Plan being submitted has been reviewed and approved by the CA director and the CA's governing board. The e-mail submission should include an unsigned copy of this letter. The letter with signature should be sent to the Office of Drug Control Policy and to the attention of: Mary Fedewa.

POLICY GUIDANCE

PERFORMANCE EXPECTATIONS FOR THIS PLANNING CYCLE

For this three-year planning cycle, the following performance expectations (not in any priority order) have been established.

1) **Continuum of Care--Expanding the Service Array** of the statewide substance use disorders (SUD) treatment system to incorporate SUD case management, early intervention, peer recovery and recovery support services as well as increasing capacity for integrated treatment capability for persons with both substance use and mental health disorders.

   The development and availability of an expanded service array is premised on those services being cost effective, representing best value and being within funding eligibility parameters of various fund sources. With limited likelihood of additional funding for treatment and recovery services, it is imperative that the planning process take into consideration how efficiencies can be achieved and services can be modified based on an understanding of current utilization, opportunities for improvements and best practice so as to create, through re-direction, resources to improve and expand the service array. At the same time, it is incumbent on the public service delivery system to assure equitable access to under-served populations.

   It is recognized that an expansion in the service array, without new or additional resources is likely to reduce or restrict the availability of some current services. Further, that operational standards for the expanded services are not yet available. None the less CAs are allowed and encouraged to add the new service categories into their local continuum as local review of current services, need, program development takes place. ODCP will work with CAs to identify opportunities for new or additional resources. However, additional resources can not be considered a prerequisite to development of an expanded service array.

2) **An accessible and efficient access system-**Implementation of activities resulting in streamlined access and authorization systems consistent with the AMS policy. Current guidance was issued as a draft in 2004; an updated document reflecting the discussions of the AMS workgroup will be issued for comment by September and finalized by November 2006. The policy will reflect the administrative nature of the access system, that access should be welcoming, that access involves a screening process that results in a determination of eligibility and clinical determination of an initial service authorization at the appropriate LOC using ASAM, as well as meeting the business needs of the CA in an efficient manner that fosters the client's engagement in treatment. These activities are expected to identify qualitative improvements to the administrative and services system that improves access, engagement and retention and reduce duplication and eliminating unnecessary activities.

3) **Developing a sustainable prevention infrastructure that** directs prevention services toward a system which incorporates:

- A needs assessment process guided by data and using a public health consequence-driven approach
- Consideration to federal prevention NOMS abstinence, employment/education, crime/criminal justice domains in services planning and implementation.
- The development of collaborative partnerships in which CA prevention efforts are within a broader system of locally determined services addressing community substance use related problems
- Recognition of the importance of a spectrum of intervention activities ranging from deterring diseases and behaviors that contribute to them, delaying the onset of disease, mitigating the severity of symptoms and reducing the related problems in communities.
- Development and implementation of a comprehensive plan that is data driven, focused on the achievement of specific outcomes.
- Selection and use of evidence based health promotion and prevention strategies to develop resilience at community, individual and family levels and directed to priority populations and problem areas

It is expected that SPF-SIG infrastructure development outcomes (relative to the process) will be incorporated in CA prevention planning and decisions although it will not be required that CAs direct their block grant resources to SPF-SIG service priorities unless these also represent locally determined needs and goals.

4) Building partnerships-that the publicly administered substance use disorders services system **strives toward being a partner of choice**. To that end, planning is expected to incorporate consideration and actions that are intended to:
   - Identify and support CA activities such as local leadership or participation in special projects or new/innovative relationships that will benefit the substance abuse prevention and treatment system or represent the strengths of the system
   - Identify the 'value' of substance abuse services and expand understanding and support for the provision of prevention and treatment services on behalf of persons with SUD
   - Assist families, friends, the community and other groups in recognizing substance abuse organizations as allies and partners.
   - Result in greater community understanding of the relationship and impact of substance use disorders on community life and other public systems
   - Recognize the value of a qualified workforce

5) **Quality Improvement**-that the publicly administered substance use disorders service system strives to improve the quality of both the administration of the system and the services provided by addressing service efficiency, client satisfaction, improved outcomes and workforce development.

SERVICES PLANNING

Prevention

Prevention programming is intended to reduce the consequences of substance abuse in communities and to prevent the onset and reduce the progression of substance abuse in individuals. It is conceptualized as an ordered set of steps along a continuum to promote individual, family and community health, prevent mental and behavioral disorders, support resilience and recovery and prevent relapse. Prevention programming also encompasses youth access to alcohol and tobacco and compliance with Synar requirements.

Prevention Plan Submission Requirements: In recognition of federal prevention NOMS and the process requirements in the SPF-SIG model, CAs are expected to implement (or maintain) a planning process and service delivery system which will show evidence of working toward community involvement and NOMS related change such as statewide reductions in past 30 day use or reductions in ATOD-related suspensions and expulsions from school. However, a role for prevention services directed toward individual behavior change remains, in particular for specific local high-risk populations.

CAs are required to submit a separate description of planned prevention services for FY07 and FY08. The FY08 plan must be organized by consequence or problem area. A chart for this purpose is provided with this APG document. An FY09 plan is not required at this time. Provision of further information regarding SPF-SIG and TA opportunities are being planned for the next year and these are expected to provide guidance for CA planning for FY09. CAs will have the opportunity to modify their FY08 plan in the 2007 annual update. The FY09 plan is expected to be required in a subsequent update as well.

Prevention services must incorporate activities directed to reductions in underage drinking and plans must identify how underage drinking as a problem area is incorporated.

Separate instructions are provided for the FY07 plan and the FY08 plan as follows:

<u>For FY07</u>:

CAs, **in less than 1 page** must describe the process they used to develop their FY07 prevention services plan. For instance, some CAs plan or organize their prevention services geographically. Other CAs have completed a strategic planning process, have identified goals and organize the purchase of services in relation to these goals. Other CAs have identified local priority problems or carried out needs assessment to direct their prevention services in a specific manner; some CAs purchase and monitor services through an MBO model. The purpose of this component of the submission is to for the CA to provide a summary of their planning process for prevention services.

In addition, CAs must submit a chart that describes their prevention services plan. The prevention plan represents a logic model in that there is an expected progression from the identification of a consequence or problem, the identification of the intended population and

service area, identification of strategies, partner agencies, etc.

Completion of this chart is a two-step process. First, the CA must identify the general categories by which the prevention services plan will be described. **No more than five** general categories may be used and these categories are at the discretion of the CA for FY07. It is expected that each of the general categories identified by the CA will be either a consequence, or a problem, or a service goal, or a service area, or an intended population, or a strategy, or a provider(s) or a performance indicator. However, a CA may identify some other type of general category if this reflects how the CA planned for prevention services.

Second, for each category selected, the CA must provide the following information:

1) Consequence(s) being addressed by the prevention services being funded
2) Need/problem being addressed by the prevention services being funded
3) Data source and quantification as available. Provide summary information only and the data source.
4) General statement of service goals for the service category
5) Geographic services area (county level for multi-county CAs); may be sub-county level for single county/city CAs.
6) Intended population-Universal, Selected, Indicated. If Selected or Indicated, the risk populations should be specified
7) Primary strategy(ies) the prevention services will encompass.
8) Local partner agencies, including coalitions. Only agencies/coalitions with which the CA or local provider is coordinating services or funding, and is actively involved in services planning or implementation should be listed
9) Brief description of the performance indicators for these prevention services (such as be project milestones, outcomes, service quantity or %staff time in direct service, etc.)
10) Provider(s) for this service category.

The chart for all of these general categories is limited to **maximum of two pages per general category**. A format for provision of this information is contained in Appendix A. Given these page limits, a summary is expected for the plan submission.

<u>FY08</u>:

For FY08, CAs must submit a chart that describes their prevention services plan. The same chart format is required with the same information items. However, for FY08, the CA general categories must represent either consequences or substance abuse-related problems. **No more than five** general categories may be used and these categories are at the discretion of the CA for FY08 so long as these represent either consequences or substance abuse-related problems. The chart is limited to **maximum of two pages per general category**. Given these page limits, a summary is expected for the plan submission

> **Plan Review Criteria.** The CA plan will be reviewed for evidence as to the incorporation of consequence-based prevention planning which considers community as well as individual change over the course of this three-year planning process. It is understood that CA decisions with regard to FY07 have already been made and that these planning guidelines will more greatly affect FY08 and FY09 CA activities. Particular consideration will be given to furthering the development

of a regional prevention services system that is directed toward the consequences of substance use and abuse and to community well-being. Additionally, review will look for evidence as to the selection of service modalities in relation to the problems and the intended populations. Additional information may be requested as a result of plan review.

Youth Access to Tobacco Plan—Synar Compliance

CAs must develop and implement a plan that is expected to meet the Synar compliance requirement and reduce access to tobacco products by minors. CAs are not precluded from incorporating plans to reduce tobacco use by minors as part of their prevention plan.

Each CA must work toward and maintain a catchment area goal of less than 20% sales rate for the formal Synar survey. CAs are encouraged to set lower local goals. Three CAs met the 20% goal for each of the past three years; four CAs have not met this goal in at least two of the past three years as of June 2006.

It is recognized that through 2006, the sample selected for the Synar survey represents less than 7% of vendor outlets and is not representative of the CA catchment area; consequently any Synar results within a CA may not be reflective of the catchment area in total. For this three year planning cycle, and in consideration to the development of performance obligations for Synar sales rates at the CA level, revisions to the current Synar sampling process directed toward developing a representative, equitable local sample (at the CA region level) will be developed and proposed for federal approval. **Any** revisions to the current survey random selection process require federal approval.

Plan Submission Requirements: The CA submission must address tobacco access. For each of the items, a sample table format for provision of this information is contained in Appendices B and C. The description provided must include how information from the analysis in item 1 or other data was incorporated in the plan. For items two through four, information describing the CA plan for FY07 is required; a tentative plan for FY08 is required for submission and may be revised in the annual update. Information for FY09 is optional.

The required components of the Youth Access to Tobacco Synar plan are:

1. A brief description and analysis of both 2005 and 2006 Synar results for the CA catchment area as well as results of non-Synar enforcement activities. This analysis is expected to include a description of how these results will affect CA plans for 2007 and subsequent Synar surveys. The analysis is expected to include information about: a) compliance by type of establishment b) results by both age, gender and race/ethnicity of the individual attempting the buy; c) geographic variations regarding sales within the catchment area d) relationship of attempted buys and community mobilization in the community of the sales location and e) any other variable(s) identified as significant through the CA analysis of local data. This might include, for example, comparison of rates in communities with/without activities directed to environmental strategies regardless of whether these include CA financial support or involvement.

2. CAs are required to include enforcement activities. Provide a brief description of these planned enforcement activities. This description is expected to include: the number and type of outlets for which planned attempts to buy separately identified as both with and without police involvement; when during the year these planned enforcement activities will take place and in what geographic areas. Specify relationships with law enforcement and prosecuting attorneys including their willingness to participate.

Special note: CAs with formal Synar rates over 20% in two of the last three years are required to include 25% of the outlets in their catchment area in enforcement activities.

3. CAs are required to include vendor education activities. Provide a brief description of tobacco vendor education activities planned to support enforcement such as education, training, and media use, as applicable. It is expected to describe planned activities by vendor type, geographic location and when during the year these are expected to take place.

Special note: CAs with formal Synar rates over 20% in two of the last three years are required to include 25% of the outlets in their catchment area in education activities.

4. A brief description of community-based process and environmental strategies that will be carried out for the purposes of reducing youth access to tobacco is required as well. This may also be provided in table format. The description must include identification of partners, including coalitions, in implementation of these strategies and must identify whether these are in collaboration or coordination with goals to reduce the use of tobacco products by minors.

> **Plan Submission Review Criteria:** Plans will be reviewed for evidence of the use of local data in making decisions about the Synar implementation plan, for the use of best practice approaches and in the context of the CA official Synar survey results.

Treatment

ODCP is committed to fostering an effective and efficient array of services that is of sufficient clinical treatment and recovery support duration to enhance the likelihood of success; that case management to specific clients with multiple needs be available; and that access to services be prompt. Further, that services be research or evidence-based and provided through treatment plans that are both meaningful and individualized to the service recipient.

Treatment Plan Submission Requirements: The CA planning submission with regard to treatment includes components that are intended to address state identified treatment issues. Given resource limitations and the need to provide responsive public substance abuse treatment, this component of the AP is intended to describe demand and utilization in relation to current

funding capacity. It is expected to provide a brief overview and a brief description of how the CA will respond through planning and service utilization management.

Trends. Provide data in table format and a brief analysis of trends in relation to persons receiving treatment services. A table format for provision of this information is suggested with each Fiscal Year as a column and each characteristic as a row accompanied by brief narrative. Include a concise description of any planned adjustments to the services system or provider network resulting from this analysis and when (by fiscal year). The analysis undertaken by the CA is expected to include consideration to:

1. Utilization trends-provide information for the previous 5 fiscal years:
   a) changes in individuals admitted for services based on diagnoses, substance(s) of abuse, age, referral source or other characteristic(s)
   b) specific trends and utilization by persons with co-occurring disorders and
   c) women with children

2. Capacity in relation to demand. Provide information for FY05 and as projected for FY06:
   a) capacity –during year, which services are 'full' organized by month and by service type
   b) average wait based on capacity limitations
   c) any changes in eligibility such as reducing the income amount at which the individual is no longer eligible for CA funding

> **Plan Review Criteria:** Plans will be reviewed for submission of the information requested above, the feasibility and likelihood of benefit from the CA planned adjustments and for the identification of barriers requiring state attention or opportunities for assistance such as training or other support.

Individuals with High Service Utilization. Provide data and a brief analysis of those individuals receiving treatment in FY05 who represent the top "tier" of persons receiving treatment. The CA must determine how this "tier" will be defined and provide the definition in their AP submission. These persons may be identified on the basis of multiple treatment episodes during the fiscal year, represent the highest cost clients or be otherwise defined based on local circumstances Provide a description of the characteristics and needs of this population along with any treatment outcome information, an estimate of the cost of service provision to this group of recipients (if available) and identify any resulting plans for changes in CA policy or practice affecting individuals such as these. Identify variability with regard to services or outcomes for these individuals by service type or provider. Identify plans for care coordination or case management services for these populations. Indicate whether other service needs—housing, employment, mental health, primary health, childcare or others impact treatment success. Develop a plan to better meet the needs of these individuals and/or provide more effective services at lower cost.

> **Plan Review Criteria:** Plans will be reviewed for submission of the information outlined above, the feasibility and likelihood of benefit from the CA planned

adjustments and for the identification of barriers requiring state attention or opportunities for assistance such as training or other support.

Individuals with Three or Fewer AMS and Treatment Encounters. Provide data and a brief analysis of those individuals receiving treatment in FY05 who were either 'no shows' after access or received three or less treatment encounters. Provide a description of the characteristics and needs of this population along with outcome or follow up information if the latter is available, an estimate of the cost of service provision to this group of recipients (if available) and identify any resulting plans for changes in CA policy or practice affecting individuals such as these. Identify variability with regard to treatment participation for these individuals by service type or provider. Identify plans for follow up or other actions to improve treatment participation. Indicate whether other service needs—housing, employment, mental health, primary health, childcare or others impact treatment participation.

> **Plan Review Criteria:** Plans will be reviewed for consistency with the requirements outlined above, the feasibility and likelihood of benefit from the CA planned adjustments and for the identification of barriers requiring state attention or opportunities for assistance such as training or other support.

Census and Treatment Characteristics. Provide data and a brief analysis of the demographic characteristics of individuals receiving treatment in FY05 compared to the general population of the catchment area. The census comparison must include: age, gender, race/ethnicity and may include additional locally determined variables associated with diversity and/or cultural competence. If the data indicates that certain populations are underserved, a plan to improve treatment access and participation must be submitted. A CA response might include a plan to seek new resources for outreach or service capacity expansion; in these situations, a good faith effort to improve access at current resource levels will also be required.

> **Plan Review Criteria:** This information is intended to assist in determining the extent to which treatment services are accessible and equitable to the region's population. In particular, CA plans will be expected to include actions to increase access through for example, outreach, cultural competence or similar efforts when the analysis demonstrates that one or more populations are underserved. CA plans will be reviewed for the likelihood of improving access.

PLAN TO EXPAND THE SERVICE ARRAY

As a reminder, the full service array currently minimally consists of services provided on an outpatient and residential basis and includes sub-acute detoxification, outpatient (of varying degrees of intensity and duration), residential (of varying intensity and duration), and medication assisted therapy (methadone). Additionally by the end of this planning cycle, substance use disorder case management, early intervention, integrated treatment for persons with mental

health and substance use disorders, and peer recovery/recovery support services will be included in the required service array. All services must be offered and available throughout the fiscal year.

Consistent with performance expectations established for this planning cycle, it is expected that CAs develop and implement capacity to provide SUD case management, early intervention and peer recovery/recovery support services programs. Additionally, capacity to provide integrated treatment must be enhanced as well. CAs may address integrated treatment either under the Quality Improvement category as a project or under this section of the plan submission or both if these represent distinct efforts.

Note-Since these new services represent best practice, it is expected that CAs identify and initiate activities directed toward the availability of the full array by the end of this three year planning cycle. The CA submission must initiate and identify activities relative to achieving this performance expectation during each of the three years within this planning cycle or until the service category is available. CAs may prioritize their planning and development to implement those new service categories considered most important locally so that these are implemented earlier in the planning cycle. ODCP will monitor CA planning and implementation to identify the relative benefit of these new services. Based on those results, there may be some revision to these requirements over time. However, the AP submitted by the CA must address all of the service categories.

The plan must include the following components for each of these service categories:

1) A brief description of October 1, 2006 capacity to provide these services either as activities within current setting licensure or as identifiable programs with service category licensure as a baseline. The program threshold is defined as a set of services that are identifiable and distinct within the agency's service configuration and which the provider offers or purports to offer as a distinct program. If the service category is currently available as a distinct program, skip to item 6 and the narrative is expected to contain only items 1 and 6.
2) Specification of the target date by which the program will be incorporated in the service array of the CA, and services will be available for appropriate recipients.
3) A description of how implementation will take place. For example, will a priority population be identified, a pilot project implemented, or will provider development be required.
4) Identification of how the CA will identify, develop or redirect resources in order to finance the cost associated with these new services.
5) How provider selection will be made
6) A concise description of how these services will be monitored.

Please provide this component of the submission by service category.

In subsequent annual plan updates, CA target dates may be revised and plan progress reports and brief updates will be required. For those CAs able to demonstrate in their submission that peer

recovery and recovery support and early intervention (including treatment readiness) will be incorporated in the service array in some other manner, a waiver may be requested.

Plan Review Criteria: Plans will be reviewed for consistency with the requirements outlined above, feasibility and for the identification of barriers requiring state attention or opportunities for assistance such as training or other support. A CA response might include a plan to seek new resources for service capacity expansion. In these situations, a good faith effort to develop an expanded service array within current resources for priority populations or locations will be required as well. That is, lack of financial resources alone is not sufficient for ODCP approval of the CA plan. Waiver approval will be subject to adequate documentation that peer recovery and recovery support as well as early intervention will be available. A waiver option is not available for substance use disorder case management or integrated treatment.

COMMUNICABLE DISEASE

Plan Submission Requirements: Beginning with this APG, a narrative communicable disease plan is no longer required. Instead, a reporting form has been developed. The instructions and format are enclosed in this mailing.

Plan Review Criteria: The CA submission will be reviewed for compliance with policy requirements as well as completeness. Additional information or clarification may be requested.

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT PROJECTS

This component of the CA action plan is intended to identify specific projects the CA plans to undertake for the purposes of improving the quality of both the administration of the system and/or the services provided. It is intended that these projects:

- Represent an initiative beyond the routine administration of the provider network
- Address a problem area, concern or opportunity to improve the efficiency or effectiveness of services as identified by the CA, the provider network and/or recipients of services
- Be time-limited and defined in scope and managed through an implementation plan

- Be distinct from contract monitoring and routine planning requirements
- Represent projects that will be considered for broader implementation or replication

These projects cannot represent implementation of current DCH contractual obligations. CAs may collaborate on individual projects; each CA must submit the project information and should identify the collaborating CA. CAs may include projects which are carried out in coordination with a PIHP or at the direction of a PIHP only if the project will benefit the DCH/CA funded client population and provider network and if the project addresses a topic area outlined below. Other topic areas will require ODCP approval to be considered within the three required projects.

During the three year planning cycle, each CA must implement a minimum of **three** quality improvement projects and complete at least **two** projects during the planning cycle and demonstrate significant progress in the third project.

At least one project in each category—system administration, treatment and prevention—is required. In total, the projects are expected to incorporate the provider network as well as the administrative operations of the CA.

Of the three projects, one may represent a project currently underway; at least two projects must be initiated and underway at some time during FY07; completion of a project during FY07 is not required. However, at least one active quality improvement project in each three years of the planning cycle is required.

One of the selected projects must include AMS/Access management unless a waiver is approved. One project must be directed toward integrated treatment unless integrated treatment is covered under the section on expanding the service array. Participation in IDDT-PIHP project qualifies only if participation will also benefit recipients in quadrants 1, 2 or 3 or non-Medicaid populations.

In recognition that plans for FY08 and FY09 will be less developed than those for FY07, the CA must identify the rationale for selection of a quality improvement project area and must identify at least three project 'work areas' for the three year planning cycle. For each of the three identified work areas, provide a description of no more than 3 pages for projects currently underway and 2 pages for planned projects. The description should include the following information:

1) The problem area(s) or topic(s) to be addressed through the project including the nature/extent and quantification of the problem(s) or topic area(s)
2) A brief description of the quality improvement project design
3) Project leadership-identification of the position/title/name of the person within the CA who will be responsible for project implementation
4) The intended goals or outcomes of the project
5) Expected project 'partners'-who will be involved in the project. If a partner/network provider has been identified, include the name of the agency. Otherwise, identify planned partners/participants.
6) Estimated project start date—the Month and Year and the expected project duration (or completion date)

7) Identification of any requests for technical assistance. DCH will investigate opportunities for assistance through CSAP, CSAT and other sources.

For projects currently underway or that will be initiated during FY07, the following information is also required:

8) How project activities will be monitored and outcomes evaluated or assessed.
9) Estimated project completion date
10) A brief description of the current status of the project
11) A brief description of major project activities, milestones and timeline.
12) Estimated project cost
13) Identification of how project results (to date) improve strategic planning, program implementation, retention in treatment and recovery and are being incorporated in the ongoing operations of the provider network (as applicable)

Subsequent annual updates to the CAs Action Plan will be required to address the progress and outcomes associated with these quality improvement projects. Informal requests for updates and status reports may be made and the status of these projects will be addressed in site reviews.

CAs may revise plans for Years 2 and 3 and reflect these revisions in subsequent submissions. However, the requirements as outlined above must be met.

> **Plan Review Criteria:** CA plans will be reviewed on the basis of the data or other information used to identify and quantify the problem; the nature and significance of the problem area identified to the CA's operations and how the project might benefit the state as a whole. Generally, it is expected that these projects will represent significant issues faced by the CA and/or its service delivery network.

Suggested Quality Improvement Topic Areas:

The following are outlined as topic areas of interest to ODCP. CAs are encouraged to initiate projects to review their current administrative and service structures for opportunities to improve access to care, improve quality and administrative efficiencies to redirect to services or other priority needs. CAs are not limited to selection from these topic areas, but two are required as noted.

(Required) Access Management Systems (AMS) Each CA is required to implement a quality improvement project relative to their access system. By the end of year 3, each CA is expected to have identified and implemented improvements in their AMS system.

Several CAs have recently re-designed their access systems resulting in both qualitative and administrative improvements. CAs may request a waiver from this AMS quality improvement project requirement by providing evidence of at least four of the following six components:

- having completed such a project/process within the past 12 months,
- having utilized the draft AMS policy as guidance,
- providing information as to project outcomes
- having distinguished eligibility determination and screening activities from the current

AAR processes so that the clinical assessment occurs at the provider agency
- having streamlined the authorization process
- having implemented methods for related information sharing or paperwork reduction such as multi-party consent.

Integration of access systems with mental health alone is not sufficient for waiver approval.

(Required) Integrated treatment for persons with mental health and substance use disorders. FY05 data identified 30% of the treatment services population to have a co-occurring mental health disorder while only about 25% of the persons receiving these services are Medicaid beneficiaries. Quality improvement projects directed toward enhancement of quality of care might address clinical impact, improving access to psychiatric evaluations or psychotropic medications or local partnerships or staff development. Participation in a PIHP IDDT project in and of itself is not sufficient to satisfy these requirements unless the project will result in improvements for clients in quadrants 1, 2 or 3.

Access to Treatment. One measure of system performance is treatment accessibility. This is in part a matter of how quickly individuals can begin treatment following initial referral or presentation and access across levels of care. It is also a matter of real and perceived barriers to treatment. It is recognized that there are funding limits to treatment and this affects accessibility. However, there are steps that can be taken to reduce delays, provide interim services to persons on waiting lists and to facilitate access for high priority populations and overall systems efficiencies with regard to access to treatment.

Retention in Treatment and Recovery. The length of time individuals remain in clinical treatment and subsequent recovery support (as needed) is a predictor of treatment success. Retention can be influenced through a variety of practices, including outreach and communication, case management, step-down (transition) procedures and the development of community-based recovery support services.

Paperwork Reduction. Significant resources are directed to the collection and maintenance of information at the service delivery levels in both prevention and treatment. For instance, consideration to implementation of multi-party consent forms by the provider network; review of assessment requirements, review of local prevention narrative and data submission requirements, or implementation of cross-CA site review protocols for shared providers.

Cultural Competence. There are contractual requirements with regard to cultural competence within the CA provider network. Assuring cultural competence and diversity throughout the workforce is a goal and an obligation of the system. Projects designed to identify the status of the system with regard to diversity and cultural competence and which result in steps taken to improve cultural competence may be used to satisfy a QI project requirement.

Welcoming. The FY07 contract is expected to include advisory language with regard to the principles associated with a welcoming system of services. QI projects which incorporate assessment of the current services environment from the perspective of the service recipient and/or their families would be one example of such a project. Use of the NiATX ‘walk through’

is encouraged.

Workforce Development. Enhancement of the training capacity within the CA catchment area through development of train-trainer capacity; consideration to rate/payment adjustments to facilitate development and use of important training skills, or the identification or development of a curriculum or services for 'core' training needs could also be used to meet a QI project requirement.

Other Project Areas for Consideration:

- Implementing a Recovery Framework
- Enhancing Working Relationships between Prevention and Treatment
- Use of Data in Decision-Making
- Best Practice and outcome evaluation and assessment to improve compliance with MCL 333.6203
- Projects to improve compliance with MCL333.6232 relative to access to services for persons at risk of losing custody or involved with the child welfare system
- Fidelity, or service outcomes beyond NOMS and state requirements

PARTNER OF CHOICE

In recognition of the performance expectation for this planning cycle, CAs are required to share information about how the CA is currently or is planning to develop new partnerships or otherwise enhance community understanding of the relationship and impact of substance use disorders on community life and other public systems. CAs are encouraged to identify administrative or other barriers to achieving this performance expectation and to identify support or TA that ODCP might offer. While CAs may identify additional funding needed in this context, there is no assurance that this can or will be provided. CAs may share information about partnerships which seek to add to the resources available to address substance abuse .

> **Plan Review Criteria:** This component of the plan does not require ODCP approval; the information will be used to identify possible resources or technical assistance or barrier-resolution opportunities and to support state level efforts.

FINANCIAL REQUIREMENTS PLANNING GUIDANCE

To assist CAs in the development of their AP, this section summarizes financial policy requirements and is consistent with the expected FY07 contract. These may be used to guide planning, but the contract provides definitive requirements.

Prevention and Treatment Funds

Prevention and treatment funds may be used for services, needs assessment, evaluation,

administration and related activities consistent with applicable law and with contract requirements.

Prevention:

Prevention funds may be used for local collaborative activities and to support local MPRI efforts when these funds are used for substance abuse prevention activities allowable under the SAPT block grant and state funding. Prisoners re-entering the community are considered an indicated population.

CAs are not required to implement prevention programming for all high-risk groups. Prevention activities must be targeted to high-risk groups and must be directed to those at greatest risk of substance abuse and/or most in need of services within these high-risk groups. The CA may provide targeted prevention services to the general population.

Prevention-related funding limitations are: 1) A maximum of 35% of prevention funding may be used for school-based activities, 2) 90% of prevention expenditures are expected to be directed to programs which are implemented as a result of an evidence-based decision making process and 3) alternative strategy activities, if provided, must represent evidence-based approaches and best practices such as multi-generational and adult to youth mentoring. 4) Use of state allocations for independent, stand-alone information dissemination was phased out in FY06. 5) State administered funds used for information dissemination must be part of a multi-faceted regional prevention strategy rather than independent stand-alone activity.

Synar Compliance Financial Planning Requirements. This plan must be financed through the prevention allocation and/or local funds. CAs are expected to meet federal Synar requirements which are less than a 20% sales rates to individuals under age 18 during the formal survey. Further, funds sufficient to meet this target must be directed from the prevention allocation.

Synar compliance requires that youth access to tobacco be the primary focus area. Best practice strategies to reduce youth access to tobacco include vendor education, compliance checks and community mobilization. Within the overall prevention program, CAs may incorporate best practice community based and environmental change strategies intended to result in reductions in the use of tobacco products in addition to meeting Synar requirements.

Non-Synar inspections may be conducted by civilians and/or law enforcement officers. Both types of inspections must follow the inspection protocol used in formal Synar checks. Inspections utilizing law enforcement officers must include a consummated purchase. Non-Synar inspections of tobacco retailers are expected to include up to 25% of the estimated number of tobacco retailers. At least 10% of estimated tobacco vendors in the region are expected to receive Tobacco Vendor Education visits. CAs continue to be expected to identify one or more Designated Youth Tobacco Use Representatives (DYTUR) within their catchment area.

Federal Block Grant funds cannot be used to pay for tobacco law enforcement involvement when a citation is issued. To assure compliance with this restriction, no CA may use in excess of 5% of its annual state prevention allocation for tobacco law enforcement involvement when a citation is issued. Other funds may be used for tobacco compliance check activity that includes

citation issuance when conducted in the CA region and outside the formal Synar compliance check process.

Treatment:

Hospital inpatient services cannot be purchased using state grant agreement funds. ABW waiver and MIChild funds must be utilized within the funding and service parameters contained in the MDCH/CA agreement.

Each CA must ensure an array of substance abuse treatment services that meets federal and state requirements and is based on determination of needs (using ASAM Level Of Care (LOC) placement criteria). The service array must include detoxification, outpatient, residential and medication assisted therapy with the capability to provide these services at varying intensity and duration consistent with medical necessity. Refer to the section of this document entitled "Plan to Expand the Service Array" for further information.

Services for Pregnant Women and Women with Children Financial Planning Requirements. CAs must direct funds from their MDCH/CA agreement as necessary to ensure federal policy requirements regarding pregnant women and women with dependent children are met as well as state requirements with regard to parents with substance use disorders involved with DHS and at risk of losing custody.

Historically, these obligations have been met through designated women's specialty programs. ODCP continues to support specialized programs, but also expects consideration to gender specific substance abuse treatment, provision of referral and/or access to therapeutic interventions for children (of parents with substance use disorders) to be considered more broadly throughout the provider network. Further, that provision of transportation services to enable access to treatment is considered as well.

Many women receiving substance abuse treatment who are pregnant and/or have or are seeking custody of their minor children as well as their children are eligible for services that are the responsibility of other service entities—for example, Medicaid primary health plans. Consequently, state agreement funds may only be used for primary medical care, primary pediatric care, transportation and child care when the family is not eligible for services from other providers. Transportation and childcare may be provided when these are intrinsic to the service program or are specifically directed towards access to substance abuse treatment. Case management to address multiple needs may be provided when not otherwise available. These five types of services-primary medical care, primary pediatric care, transportation, child care and case management may be provided through the MDCH/CA agreement only when no other source of support is available and when no other source is financially responsible.

Communicable Disease

The communicable disease allocation must be used for:

1) Assuring staff knowledge skills in the provider network are adequate to meet communicable

disease-related requirements through training or other means.

2) Costs associated with screening for the client's risk of TB, STDs, HIV/AIDS, and/or Hepatitis C and assuring access to referral for testing when appropriate based on risk. If necessary, when the client is not eligible for counseling and testing services from other providers, these funds may be used for counseling and testing of high risk individuals for HIV/AIDS and Hepatitis C.
3) Health education and risk reduction for at-risk clients enrolled in treatment programs.
4) Intensive case management when the client needs and is not eligible for these services from other providers.
5) (optional) Outreach services to substance (ab)users in high HIV prevalence areas of the state

APPENDICES

APPENDIX A

Prevention Reporting Chart/Draft

The following chart format is offered as an example for submission of the CA prevention plan. A separate chart is expected for each general category

CA _____ Plan for FY_____

Contact Person for questions: Name/e mail _____

		General Category: (provide brief description as title)
1	Consequence(s)	
2	Need/problem(s) note-underage drinking must be addressed w/in plan	
3	Date source(s) and summary quantification (if available)	
4	Service goals	
5	Service area (geographic-county for multi-county CAs, sub-county for single county CAs optional)	
6	Intended population-Universal, Selected or Indicated	
6(a)	Risk Population if Selected or Indicated	
7	Primary strategy(ies)	
8	Partner agencies or coalitions-if coordinating services, funding or actively involved	
9	Performance Indicators-brief description	
10	Provider network	

APPENDIX B

Synar Plan-Chart/Draft

The following format is offered as an example for submission of the Synar plan component Item 1.

CA_____ Number of Outlets in Region ___

Contact person for questions: Name/e-mail _____

		FY05 Sample	FY05 Sold	FY06 Sample	FY06 Sold	comments
1	# in formal survey					
2	Outlets by Type: (include detail)					
3	Sales by gender: (include detail)					
4	Sales by age: (include detail)					
5	Sales by race/ethnicity (include detail for both) a) youth inspector b) vendor					
6	# received vendor ed (past 12 mos)					
7	# received inspections (past 12 mos)					
8	# located in community with community mobilization or related efforts					

APPENDIX C

Planned Enforcement and Education Activities – Table for Planned FY07 and Projected FY08

CA_____ Number of Outlets in Region ___

Contact person for questions: Name/e-mail _____

	Planned FY07 – quantity	FY07 Months activity will take place	Geographic location (county for multi-county CAs)	Initial Projection: FY08 quantity	FY08 Months activity will take place	Geographic location (county)	Comments
enforcement actions							
outlets-attempted buys- law enforcement							
outlets-attempted buys-other							
Vendor education							
Vendor ed 'visits'							
Community mobilization or environmental	XXXX XXXX XXXX			XXXX XXXX XXXX			

Provide a brief narrative that addresses:

- Prosecuting attorney/local law enforcement willingness to participate in enforcement efforts
- How analysis informed the enforcement plan
- If other entities or coalitions will be conducting inspections outside of CA funded activities
- How analysis informed the education plan
- If other entities or coalitions will be conducting inspections outside of CA funded activities
- By geographic area, provide a brief summary of community mobilization or other strategies will be implemented

APPENDIX D

Communicable Disease Provider Information FY 07 Form:

On the attached form are various communicable disease intervention/services that are eligible to be funded based on CA need and priority. For those services/events the provider listed above will conduct for you, identify the number of individuals who will receive the services and the number of sessions to be provided. For initial submission, complete the two columns asking for "estimated numbers" and submit prior to beginning of fiscal year. (If more than one provider will be offering these services in your region, please complete a separate sheet for each provider.)

First six month actual numbers due by April 30, 2007. Second six month actual numbers due by October 31, 2006.

If questions or assistance is needed on these forms, contact Brenda Stoneburner, ODCP Communicable Disease Specialist at 517-335-0121 or email to StoneburnerB@ michigan.gov.

COMMUNICABLE DISEASE PROVIDER INFORMATION FY 07

CA _____ **PROVIDER** _____

For each intervention listed below and provided I
n your region, please complete the following information:

EVENT	Estimated Number of Individuals to Receive Services	Estimated Number of Sessions to be Provided	1st 6 Months Actual		2nd 6 Months Actual	
			Individual	Sessions	Individual	Sessions
Level 1 Provider Network Training						
Level 2 Provider Network Training						
HE/RR HIV/AIDS Information Session				`		
HE/RR Individual Level Prevention Counseling						
HE/RR Skills Building Workshops (single session)						
HE/RR Skills Building Workshops (multi-session)						
HE/RR Other Event Format						
HIV CTRS at Substance Abuse Provider						
HIV CTRS at Other Locations						
Outreach						

OUTREACH ONLY:	ESTIMATES	1st 6 Months Actual	2nd 6 Months Actual
Number of Interventions that will result in referral to substance abuse treatment			
Number of referred individuals that follow-through on referrals			
Number of HIV tests (CTRS) to be conducted			
Number (percentage) of HIV CTRS anticipated to be positive results			

APPENDIX E

APG Submission Requirements Checklist

Item Checkoff	Requirement	Page Reference
	Public Comment and Collaboration-items 1-3	4
	Original signature/transmittal letter – due 5 business days after electronic submission	4
	FY07- Process used to develop FY07 plan; Prevention Services Chart-one for each category	7-8
	FY08 Prevention Services Chart-one for each category	8
	FY07 Youth Access To Tobacco Plan-Synar Compliance-Description and Analysis; Chart-Enforcement Activities; Chart-vendor education activities; description-community-based processes and environmental strategies	8-10
	Treatment- Trends-data table, analysis, plan	10-11
	Treatment-Capacity in Relation to Demand-data table, analysis, plan	11
	Individuals with High Service Utilization-data, analysis, plan	11
	Individuals with Three or Fewer AMS/Treatment Encounters-data, analysis, plan	11-12
	Census and Treatment Characteristics-data, analysis and plan	12
	Plan to Expand the Service Array-by service category	13
	Communicable Disease Form	14
	Quality Improvement Project Plans-plan for each QI; any applicable waiver requests	15-16
	Partner of Choice-information	18